

Date:

**Step 1: Contact/Billing Information**

Bill to: Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bill to: Company: \_\_\_\_\_ Phone:  -  -

Shipping Address: \_\_\_\_\_ Fax:  -  -

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal:

**Step 2: Printed Information**

(Leave any field blank if not applicable)

Text Required: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Wristband Price: \_\_\_\_\_ Other: \_\_\_\_\_

Please include a graphic of a: \_\_\_\_\_

Please include a special graphic as emailed to [tickets@vtix.com](mailto:tickets@vtix.com) (digital format: black and white jpeg, gif, tiff, pdf, bmp)

**Step 3: Wristband Information**

Number of Wristbands Required:  Starting Number:

Wristband Colour: (check one)  Yellow  Blue  Green  Yellow

**Step 4: Shipping Instructions**

Same as billing address  Wristbands will be picked up  Please arrange delivery Delivery Options:

Shipping Address: \_\_\_\_\_  Same day

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal:   Overnight

**Step 5: Payment Instructions**

I will be paying by: (check one)  Visa  M/C  Cheque  Cash  Debit (wristbands must be paid in advance of shipment or at time of pickup)

Name on Card: \_\_\_\_\_

Card #:  Expiry Date: